	NDIDATE / OFFICEHOLDER 5851 COVER SHEET PG 1
The JC/OH INSTRUCTION form.	Guide explains how to complete this 1 ACCOUNT# (Ethics Commission filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Angelita NICKNAME LAST Mendo 2a - Waterhouse Mil OFFICE USE ONLY Date Received (8) 277-11-21 75 Date Received OFFICE USE ONLY Date Received OFFICE USE ONLY Date Received OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. BOY 148 Date Hand-delivered Posting riched Edition of Control of Contr
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Receipt # Amount Dale Processed
6 CAMPAIGN TREASURER NAME	MST MRST MR FIRST C
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY; STATE; ZIP CODE—- CITY CITY; STATE; ZIP CODE—- CITY CITY CITY;
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER PROPERTY (STATEMENT)
9 REPORTTYPE	January 15 30th day before election Runoff 15th day after campaign treasurer, appointment (officeholder only) July 15:: 37.8 8th day before election Exceeded \$500 limit Final report (Attach C/OH FR)
10 PERIOD COVERED	Month Day Year Month Day Year THROUGH. 10 / 04/ 04
11 ELECTION	ELECTION DATE Month in France Day in Year ELECTION TYPE Month in France Day in Year Primary Runoff General Special
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) Judge Travis County Court at Law #5
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name Address / PO Box; Apt. / Suite #; City; State: Zip Code
addičonal pages	GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

	· · · · · · · · · · · · · · · · · · ·			
15 C/OH NAME	Angeli-	La Menduza Waterhuyo	6ACCOUNT#(Etrics Commission Fers)	
17 NOTICE FROM POLITICAL	•• This bok is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to rethis information only if they receive notice of such expenditures.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL Ó	COMMITTEE ADDRÉSS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	-	
adcitional pages		COMMITTEE CAMPAIGN TREASURER ACCRESS	•	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	·	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4621.	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	S \$	
	4. TOTAL	POLITICAL EXPENDITURES	s 6327.39	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of the REPORTING PERIOD \$ 293.61			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
19 AFFIDAVIT	-			
STP K	(ATRINNA HAYN Notary Public, State of To My Commission Expire JANUARY 02, 20	true and correct and includes all in under Title 15. Election Code.	perjury, that the accompanying report is information required to be reported by me with the accompanying report is information required to be reported by me with the accompanying report is accompanying report in accompanying report in accompanying report is accompanying report in accompanying report in accompanying report is accompanying report in accompanying report in accompanying report is accompanying report in accompanying repo	
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by	he said Angelit Mendoza-Waterhouse	, this the 5 [™] day	
of October 2	0_0+to cer	tify which, witness my hand and seal of office.	,	
Signature of officer admir	17 ML histering oath	Rationa Hayner Print name of officer administering oath	Tutry itle of officer administering oath	

Texas Ethics Commis	sion P.O. Box 12070	Austin, Texas	78711-2070	(512) 46	3-5800 1-800-325-8506
POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL)					
The Instruction Gui	DE explains how to complete	this form.		1 Total pages Sche	dule A(J):
2 FILER NAME Angel	ita Mendoz	a-Wate	rhouse	3 ACCOUNT# (Eth	lics Commission filers)
4 Date 5	Full name of contributor	out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution description(if applicable)
1 - 11	Pauld Sheppe Contributor address; City:			contribution (\$)	description(ti applicatie)
7.19.04 7	00 Lavaca Au	ustim, Tx	78701	25000	
9 Contributor's princip			10 Contributor's job		n fe≘ craevana î din tri
11 Contributor's emplo	rttorney		12 Law firm of contri	rney	
11 Controd or a curpic	self	i.	12 Law time or contri	butor's spouse (ii an	"
13 If contributor is a ch	ild, law firm of parent(s) (If any)				
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
7.14.04		State: Zip Code	· · · · · · · · · · · · · · · · · · ·	99.02	
2	10 Barton Spri	ngsilable	550 AustmTY7894	- - . -	
Contributor's princi			Contributor's job		
Contributor's emplo	teard, Robins, C.	loyd Lubel	Law firm of contri	butor's spouse (if an	y).
If contributor is a ch	ild, law firm of parent(s) (if any)	+ Greenu	100d LLP		· ·
Date	_	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8.7.04	John Ulrich Contributor address: City:	State: Zio Code	and an experience		
	3505 Mtlaure	Lagovist	Wx 78645	500	
Contributor's princi	Refired	·	Contributor's job	title	. <u> </u>
Contributor's emplo	yer/law firm _, , ,		Law firm of contri	ibutor's spouse (if an	(γ)
If contributor is a child, law firm of parent(s) (if any)					
6	a in the second of the second	المستايات المستا	• - • - •	a see a see	
• ••					
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					
	•			·	

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction	N Guide explains how to complete this form.		1 Total pages Sche	dule A(J):
2 FILER NAME	Ingelita Mendoza-Wat	erhouse	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8.15.04	6104 rasy Meadow Corre	,	200,00	
<u> </u>	uantr, Tx. 78653			
9 Contributor's p	rincipal occupation SALES	10 Contributor's job	title	-
11 Contributor's e	mployer/law firm	12 Law firm of contril	butor's spouse (if any	()
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8/9/04	SD UT By Contributor address; City: State: Zip Code 901 Biscayne Lakeway: Tx. 78734			
•	901 Biscayne Lakeway Tx. 78734		99,00	
Contributor's p	rincipal occupation Retired	Contributor's job	title	
Contributor's employer/law firm Law firm		Law firm of contri	butor's spouse (if any	y)
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(If applicable)
_	Wayne Holtzma City, State: Zip Code.	n	commission (4)	
0101	3300 Foothills Dr.		* *T	T-1,
8.1.04	Austin Tx.	18731	50.00	i
Contributor's p	rincipal occupation Retired	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y) .
if contributor is	a child, law firm of parent(s) (if any)			· · · · · · · · · · · · · · · · · · ·
	te t		· · · · · ·	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Con	nmission P.O. Box 12070	Austin, Texas 7	8711-2070	(512) 46	3-5800 1-800-325-8506
	CAL CONTRIBUTION THAN PLEDGES O		(JUDICIAL	-)	SCHEDULE A (J)
The Instruction	N Guide explains how to complete this	s form.	. :	1 Total pages Sche	dule A(J):
2 FILER NAME	rgelita Menduz	ea-Wat	erhouse	3 ACCOUNT # (Eth	iics Commission filers)
4 Date	5 Full name of contributor out	of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8.07.04	6. Contributor address; City; s 2653 Barton H		tin 28704	50,00	
9 Contributor's p	rincipal occupation academic		10 Contributor's job	title rofessor	
11 Contributor's e	mployer/law firm		12 Law firm of contril	butor's spouse (if an	y)
13 If contributor is	a child, law firm of parent(s) (if any)	•			
Date	_ ,	of-state PAC (ID#:	1.	Amount of contribution (\$)	In-kind contribution description(if applicable)
8.28.04	Contributor address: City; S	tate; Zip Code	······································	20.00	
	Austin,	TY. 787	67	99.09	<u>.</u>
Contributor's p	rincipal occupation attorned	1	Contributor's job	title 	
Contributor's e	mployer/law firm Self		Law firm of contri	butor's spouse (if an	y)
If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor out	of-state PAC (ID#:	, , , , , , , , , , , , , , , , , , ,	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City Si 1812 Pannier Lu	ate: Zip Code	is a second		l Politica (#entropy of the control of I
8.09.04	Austin Tx. 782	48		1.287.00	 • *
Contributor's p	rincipal occupation		Contributor's Job	title	
. Contributor's e	mployer/law.firm.	e program	Law firm of contri	butor's spouse (if an	y)
. If contributor is	a child, law firm of parent(s) (if any)	en alleria	The second secon	- 1 - 1	2
ter transmission and an area	The second of th	The second of th	in a Barrendan es		
	يورون المشسسة الداد	go a managari a a a			-
lf contri	butor is out-of-state PAC, plea	se see Instru	OF THIS FORM A	dditional report	ing requirements.
	ga sa Militar San				

POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL)				
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A(J):
2 FILER NAME	Angelita Mendoza)	Vaterhouse	3 ACCOUNT # (EIII	ics Commission fiers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Cary 6 byne 7 6 Contributor address; City: State; Zip Code 4109 S.Capitol of Tx Huy		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
<u> </u>	Austin TY 78704	<u> </u>	400.00	
9 Contributor's p	Business Owner	10 Contributor's job t	DWNER	
11 Contributor's e		12 Law firm of contrib	outor's spouse (if an	y) -
13 if contributor is	s a child, law firm of parent(s) (if any)	i		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8.27.04	3303 N. Lamar Austri			
Contributor's p	rincipal occupation Kestaurant	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contril	butor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8.28.04	5911 Lookout Mon	ntañ Dr TX (31)	297,00	
Contributor's p	wincipal occupation Rotifed	Contributor's Job	title	
Contributor's e	mployer/law firm,	Law firm of contri	butor's spouse (if an	y)
If contributor is a child, law firm of parent(s) (if any)				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
		SECTION AND TO		

POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL)				
The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A(J):
2 FILER NAME	Angelita Mendozalla	Jerhouse	3 ACCOUNT # (Eth	ics Commission filens)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Teresa Long 6 Contributor address; City: State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
8.1.04	1122 Colorado # 1107 A	vetni 7878	200.0)	
9 Contributor's p	rincipal occupation Retared	10 Contributor's job	title	•
11 Contributor's e		12 Law firm of contri	butor's spouse (if an	v)
13 If contributor is	a child, law firm of parent(s) (if any)	- .		-
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8.1.04	7601 Rustlling Rd Austr	in The 7873	100.50	
Contributor's p	rincipal occupation Retwed	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	y) : · · ·
If contributor is	a child, law firm of parent(s) (if any)			
9.1.04	Full name of contributor out-of-state PAC (10#	titurer 2	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's p	rincipal occupation	Contributor's job	·	
. Contributor's e	mployer/law firm	Law firm of contr	ibutor's spouse (if an	y)
- If contributor is	a child; law firm of parent(s) (if any)	to commence of the control of the co		
**************************************				-
If contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru		dditional report	ing requirements.

-	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S (JUDICIAL	-)	SCHEDULE A (J)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A(J):
2 FILER NAME	Angelita Mendocal	alerhouse	3 ACCOUNT # (Ett	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Ty Ruwan)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	6 Contributor address; City, State; Zip Code			
4.8.04	3500 Rip Ford Dr. Avstin	1478732	500.0	l L
9 Contributor's p	principal occupation 15-	10 Contributor's job	title	
11 · Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if an	y)
13' If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
				1
Contributor's p	principal occupation	Contributor's job	title	<u></u>
Contributor's e	employer/law firm	Law firm of contri	butor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)			ı
Date	Full name of contributorout-of-state PAC (ID#;		Amount of contribution (\$)	In-kind contribution description(if applicable)
in the state of the	Contributor address: City: State; Zip Code		e e la la companya de la companya d	
		5 ·	4	-
Contributor's p	rincipal occupation	Contributor's job	title	
. Contributors e	mployer/law firm	Law firm of contri	butor's spouse (if an	у)
ì.				
i If contributor is	s a child, law firm of parent(s) (if any)		design or a real grown	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If contributor is	s a child, law firm of parent(s) (if any)			
	s a child, law firm of parent(s) (if any)		dengan en a son grand	
- man from	ATTACH ADDITIONAL COPIE	uction guide for a	AS NEEDED dditional report	ing requirements.
- man from	a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIE	uction guide for a	AS NEEDED	ing requirements.

POLITICAL EXPENDITURES	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Angelita Mendoza-W	Jaterhouse 3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payer name Branders.Com 6 Payee address: City: State: Zip Code	7 Amount (\$)
7.15.04	37.89
8 Purpose of payment (See instructions regarding type of information required.) bumper stickers	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held
Payee name Anstri Republican Payee address; City: State; Zip Code	n Women Amount (S)
7.15.04	25.00
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Sean Bridwell Payee address: City; State; Zip Code	* * * * * * * * * * * * * * * * * * *
8.22.04	217.57
Purpose of payment (See instructions regarding type of information required.) Supplies	•• Complete if direct expenditure to benefit C/OH ্ ্ বুইটা Candidate / Officeholder name Office sought Office held
Payee address; City; State; Zip Code	Amount (\$)
8-27.04 Purpose of payment (See instructions regarding type of information	Complete if direct expanditure to be after C/OU
required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Supplies	
ATTACH ADDITIONAL COPIE	ES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Angelita Mendoza W	ACCOUNT # (Ethics Commission filers)
2 FILER NAME Angelita Mendoza M 4 Date 5 Payee name Fall Creek V 6 Payee address; City, State; Zip Code	ineyards 7 Amount (\$)
8.22.04	129.00
8 Purpose of payment (See instructions regarding type of information required.) Wine for Event	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Impact Payee address; City; State; Zip Code	Amount (\$)
8-22.04	207.69
Purpose of payment (See instructions regarding type of information required.) Banners	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Payee name Sully Perez Payee address; City, State; Zip Code	Amount (\$)
8-31.04	A STATE OF THE STA
Purpose of payment (See Instructions regarding type of information required.) Ad	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Concessought Concessought
Payee address: City: State: Zip Code	Texas (\$)
8.31.04	4, 43
Purpose of payment (See instructions regarding type of information required.) Data Disc	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES	SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Angelita Mendoza	Waterhouse 3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name T. U.L.A 6 Payee address; City; State; Zip Code	7 Amount (\$)
9-9-04	320.32
8 Purpose of payment (See Instructions regarding type of information required.) / Le do Sapt Parade	'9 "Complete if direct expenditure to benefit C/OH" Candidate / Officeholder name Office sought Office held
/ Gas Sapt Farade Date Payee name 11/1/5 Golf C Payee address: City: State; Zip Code	CULD Amount (\$)
7-27.04	500.00
Purpose of payment (See instructions regarding type of information required.) Golf formement	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Gary Sweat Payee address; State; Zip Code	Amount (\$)
9.9.04	128.70
Purpose of payment (See instructions regarding type of information required.) Golf Townsment	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date Payee name Impact Payee address; City, State; Zip Code	Amount (\$) 207.69
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Officehold
	S OF THIS FORM AS NEEDED

POLITIC	CAL EXPENDITURES	•	SCHEDU	LE F
The Instruction	N GUIDE EXPLAINS how to complete this form.	1 Total pages Schedule F:		
2 FILER NAME	Angelita Mendera	Waterhouse	3 ACCOUNT # (Ethics Commission file	ers)
4 Date	5 Payee name Die Gelbie Po 6 Payee address; City; State; Zip Code	se	7 Amour (\$)	nt
9.18.04			250	.99
required.)	ment (See instructions regarding type of information riage Penful	9 •• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ·· order Office sought	Office held
9 -28-04	Payee name Am Pro Payee address; City; State; Zip Code		Amour (\$)	
Purpose of pay required.)	Signs	• • Complete if direction of the complete of t	ect expenditure to benefit C/OH · · · arne Office sought	Office held
Date	Payee name RECATIGNEZ GT Payee address: City: State: Zip Code	· .	Amour (\$)	nt D
Purpose of payrequired.)	ment (See instructions regarding type of information TShirts	·· Complete if direction of the Candidate / Officeholder na	ect expenditure to benefit C/OH	Office held
/s.204	Payee name D J Service Payee address; City, State; Zip Code	/IČES	Amour (\$).	ည် ခ <i>ဲ</i>
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if direction of the Candidate / Officeholder na	ect expenditure to benefit C/OH ·· ume Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED	

POLITIO	CAL EXPENDITURES	·		SCHEDULE F		
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Sc	s Schedule F:		
2 FILER NAME	Angelita MendozaW	der house 3 ACCOUNT #-(Ethics Commission filers)				
4 Date	Angelita MendozaW 5 Payee name La Bahia Sea 6 Payee address; City: State: Zip Code	food Restra	unt 1	Amount (\$)		
10.2-04			·	<i>3</i> 03.10		
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n	ect expenditure to ame Off	benefit C/OH ice sought Office held		
Date	Payee name	·		Amount		
_	Payee address; City; State; Zip Code			(s)		
9 - 25-64	ment (See instructions regarding type of information	· · · · · · · · · · · · · · · · · · ·	ect expenditure to	31.7.		
required.)	off trurnament prizes remb.	Candidate / Officeholder n		face sought Office held		
Date	Payee name			Amount (\$)		
	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·				
i :						
Purpose of pay- required.)	ment (See instructions regarding type of information	· Complete if di Candidate / Officeholder n	ect expenditure to	benefit C/OH · · · · · · · · · · · · · · · · · · ·		
Date	Payee name	,		Amount (\$)		
	Payee address; City; State; Zip Code	en e		e e e e e e e e e e e e e e e e e e e		
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete If di Candidate / Officeholder n	rect expenditure to	benefit C/OH •• foe sought Office held		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED						

		SIGNATION OF FINAL REPORT	FORM C/OH - FR			
		struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH N	Angelita Mendoca kelaterhouse	2 ACCOUNT # (Ethics Commission filers)			
3	SIGNA	TURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
	a montana					
		Signature	of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	senly one:	•			
		I do not have unexpended contributions or unexpended interest or income earned from poli	itical contributions.			
		I have unexpended contributions or unexpended interest or income earned from political conconvert unexpended political contributions or unexpended interest or income earned on political understand that I must file an annual report of unexpended contributions and that I may unexpended interest or income earned on political contributions longer than six years understand that I must dispose of unexpended political contributions and unexpended incontributions in accordance with the requirements of Election Code, § 254.204.	litical contributions to personal use. I y not retain unexpended contributions after filing this final report. Further, I			
	в.	ASSETS				
	Chec	k only one:				
		I do not retain assets purchased with political contributions or interest or other income from	n political contributions.			
		I do retain assets purchased with political contributions or interest or other income from polimay not convert assets purchased with political contributions or interest or other income fuse. I also understand that I must dispose of assets purchased with political contributions i Election Code, § 254.204.	from political contributions to personal			
-			M. Inluhono gnature of Candidate			
5		EHOLDER plete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not am also aware that I will be required to file reports of unexpended contributions if, at the time purchased with political contributions or interest or other income from political contributions	I cease holding office, I retain assets			
	÷	Sig	nature of Officeholder			